

one hand, an abundant leucorrhœa, with a lactescent discharge; on the other, symptomatic phenomena peculiar to most of the chronic affections of the uterus; viz., lassitude of the extremities, pain and dragging in the loins, hips, and thighs, want of appetite, and sometimes a painful spasmodic contraction of the sphincter ani. These symptoms are accompanied with general languor, more or less troublesome.

A precise diagnosis can only be obtained by means of an accurate examination with the speculum. The "toucher" alone is insufficient; a state of hypertrophy merely can be ascertained by its means, but even then its degree can never be perfectly and clearly defined, however expert the examiner may be. In order to institute a thorough examination with the speculum, the patient must be placed, not on the edge of the bed, as is usually done, but on a table, with the hips very much raised, and the thighs bent backwards, so that the knees almost touch the abdomen. It is then only that the neck can be distinctly seen by means of a strong ray of natural light which falls obliquely on the fundus of the vagina from above downwards. Artificial light does not answer. In order to examine the whole periphery of the neck, a double-valved speculum ought to be used, which on opening embraces it entirely. A single cylindrical speculum is not so serviceable for the first examination, as its opening does not include the whole hypertrophied mass. At first there is observed on the neck and fundus of the vagina, a quantity of purulent mucus; on wiping it away by means of an agarie pencil, the disease is then visible. The first thing that strikes the eye is hypertrophy of one or other lip, or of the whole of the os, and then the ulcerations with which it is complicated. When there is hypertrophy, with pus in the opening of the neck, ulceration, which is not visible, may be suspected. The following is the method which M. Jobert employs to discover this:—He withdraws the double speculum, and introduces the cylindrical one in one piece, and manœuvres it in such a way as to engage the os tinæ in the centre of its opening; he then inclines the handle of the instrument obliquely to the right or left, or from above downwards, in such a way as to cause the posterior opening of the speculum to slide in the opposite manner on the neck; he thus places one of the lips of the os on the edge of the opening of the speculum, and then pushes the instrument from above downwards, so as to separate the lips, which, from the softness of the tissues, is easily accomplished; a considerable portion of the neck then becomes visible, and the ulcerations are brought into view. These ulcers are generally very small, (like a lentil,) but, so far as they extend, are as readily seen as the others. When they are simple, their tendency is to progress from the interior outwards, rather than in the opposite way.

As to the *treatment*, nothing is more simple or certain. The disease is invariably cured in the course of a few months, by the means employed at St. Louis. Two lesions have to be considered, the one dependent on the other, viz., ulceration and hypertrophy. If there are merely aphthous ulcerations, slight cauterization with the acid nitrate of mercury, or even with the nitrate of silver, speedily produces cicatrization; the remaining hypertrophy, if it is not considerable, may be cured by the ordinary means. If it be to a great degree, the actual cautery is used for both lesions from the commencement. The latter treatment is also employed when the hypertrophy of the neck, though not considerable, is obstinate, and the leucorrhœa continues. The actual cautery is used for the other species of ulcers either by reverberation, or, which is more general, by its direct application to the ulcer, so as to produce an eschar more or less deep; it may be repeated in the course of eight or fifteen days. The cure is generally accomplished in the course of two, three, or four months; there is melioration in regard to the pain and leucorrhœa during the first week. It seems probable, that concentrated heat causes such a modification in the diseased tissues, as to dispose to a healing process. We earnestly entreat attention to the above facts: the disease is very frequent and disastrous among all classes, and more especially in large towns.—*Annales de Thérapeutique*, April, 1845.

67. *Epidemic Puerperal Metritis in the Paris Hospitals*.—In a late No. of this Journal (Jan., 1845, p. 222), we noticed the extensive prevalence of erysipelas in all the Paris Hospitals; and it is therefore without surprise that we now learn that puerperal metritis of a very fatal character reigned in the Paris Hospitals about the same period. There is an interesting account of this epidemic in the *Gazette*

Médicale de Paris for August last, by MM. BIDAULT and ARNOULT, internes. Our file of that journal not extending to so recent a date, we give the following abstract of this paper from a recent number of the *Lancet*. The opportunities for observation of MM. Bidault and Arnoult, extended over three hospitals, those of Saint Louis, the Hôtel Dieu, and the Hôtel Dieu Annexe, in each of which there is a small ward devoted to midwifery. Epidemics of puerperal fever have been common of late years in Paris, in the midwifery establishments, especially at the Maternité, the large obstetric hospital, at which it reigned with great violence at the time that it was observed by MM. Bidault and Arnoult. At the Hôtel Dieu, the epidemic reigned in January, February, and March, 1843. There were eleven deaths in forty-five deliveries, in the three months, whereas there had not been one death in the hundred and forty deliveries which had occurred during the previous nine months of the preceding year; at the Hôtel Dieu Annexe, out of sixty-seven women delivered, sixteen were attacked, and fourteen died. The epidemic occurred in the months of November and December of the same year, (1843.) The patients had been drafted from the Maternité, on account of the existence in that hospital of a very fatal epidemic. The Saint Louis epidemic took place in the months of September, October, and November, 1844. Some isolated cases had occurred in the year, but it was only during the period mentioned, that the fever assumed the epidemic form. Out of forty-four deliveries, there were nine deaths.

Generally speaking, the morbid symptoms manifested themselves at the period of the milk fever, from the second to the third day. In one case, they appeared a few hours only after delivery; in some few, only four or five days after. Nearly always the attack commenced by rigors, of greater or less duration, followed by febrile reaction. In some instances, the rigors were absent, febrile heat of skin, frequency of pulse, restlessness, and abdominal pain, opening the scene. The pulse always became very frequent, its pulsations rising to 110 or 120, and its strength depending on the freedom of the general reaction after the rigors. At the same time, there were cephalalgia, redness, and injection of the face, brilliancy of the eyes, anorexia, frequent and laborious breathing, a loaded state of the tongue, which rapidly became dry, bilious vomiting, diarrhœa, or constipation. At Saint Louis, obstinate constipation was present in every case, and no intestinal lesions were found after death. At the Hôtel Dieu, diarrhœa was, on the contrary, equally universal, and the follicles of Brunner were constantly found hypertrophied. There was generally abdominal pain from the commencement; sometimes the pain was slight, sometimes very severe. The uterus remained voluminous, and there was more or less abdominal tympanitis, especially when the affection assumed at an early period the typhoid character. The lochial discharge was nearly always diminished, but seldom entirely suspended. The breasts became flaccid if the milk had previously appeared, if not, it was not secreted. The urinary secretion was diminished, and the excretion was sometimes difficult. Indeed, in some cases, the bladder had to be emptied occasionally by means of the catheter.

The second period of the disease was characterized by symptoms of still greater gravity. All reaction ceased. The face became deeply altered, the eyes were sunk in the orbits, and surrounded by a black circle, the lips livid, the nostrils dry, and filled with particles of dust. Extreme prostration of strength accompanied these symptoms, along with great anxiety of countenance. The abdominal pains disappeared, the tympanitis, at the same time, increasing considerably. The respiration was difficult and laborious, as many as forty-five or fifty inspirations being made in a minute; pulse 140 or 150, small, irregular, depressible; alvine evacuations, involuntary; fluids rejected by ingurgitation; tongue dry, and covered with a dark fur; breath fetid; extremities cyanosed. Death generally followed on the fifth or sixth day of the attack, the patients retaining their intellectual faculties to the last.

In some few cases there was an apparent remission, which, however, lasted, generally speaking, for a short time only. In the course of a few hours, the disease resumed its fatal progression. With the small number of patients who recovered, the symptoms continued gradually to improve. The respiration became easier, the pulse fuller and slower, the thirst less intense, &c. The convalescence was tedious, and necessitated several months' residence in the hospital. In some

patients at the Hôtel Dieu Annexe, and with all at St. Louis, there was an intense bronchial catarrh.

The body of the uterus was always found more voluminous than it ought naturally to have been at the period of death. Its cavity contained gray, sanious, fetid, false membranes; on washing them away, the surface which they covered was, however, found white, and apparently healthy. The implantation of the placenta was marked by small coagula. The tissue of the uterus was firm and healthy. There was none of the gangrene or putrescence (*putrescentia uteri*) which has been described by German writers. There were not, either, any abscesses. The peritoneum covering the uterus was often inflamed, and covered with false membranes. No uterine veins were ever found diseased, but the uterine lymphatics were inflamed and filled with pus, in a great proportion of the cases. At the Hôtel Dieu Annexe, the inflammation did not extend beyond the lymphatics of the uterus. At the Hôtel Dieu, in some cases, and at Saint Louis in all, a great number of inflamed lymphatics, filled with pus, were found in the lateral ligaments, and on the surface of the ovaries. These inflamed lymphatics terminated in the pelvic ganglions, which were sometimes themselves softened and filled with pus; the efferent vessels, however, were never found diseased. The lateral ligaments were covered with false membranes; the ovaries, also, were enlarged, and infiltrated with pus; the Graafian vesicles on being incised were often found filled with pus. At the Hôtel Dieu, and at the Hôtel Dieu Annexe, where the symptoms of peritoneal inflammation were more marked from the onset than at Saint Louis, the peritoneum was also found more extensively inflamed. The peritoneal cavity contained a considerable quantity of purulent serosity, in which floated detached false membranes, and the intestinal folds and lateral ligaments were united by false membranes. In some cases, there was a subserous injection on the intestinal folds. At Saint Louis, where the typhoid symptoms predominated, the peritoneum merely contained a white lactescent effusion, without false membranes, or adhesion of the intestines. The peritoneum was pale, without any inflammatory injection. In these cases, there were purulent infiltration of the sub-peritoneal cellular tissue of the pelvis, and suppuration of the lymphatics of the lumbar region. The stomach contained an enormous quantity of a greenish fluid, but presented neither inflammation nor softening. The follicles of Brunner, to the alteration of which, in puerperal fever, much attention has been paid of late, were only found diseased at the Hôtel Dieu. They presented the appearance of a papular or pustular eruption, with a white apex. Whenever they were met with, diarrhoea had existed. At Saint Louis, where the intestinal mucous membrane always appeared healthy, there was no diarrhoea, but, on the contrary, obstinate constipation. The liver was never diseased. The spleen was sometimes larger and softer than usual, but not otherwise affected. The parenchyma of the lungs was generally healthy; hypostatic engorgement was sometimes met with, and appeared to be similar to that of typhus fever. There were no partial pneumonias or metastatic abscesses. At Saint Louis, the small bronchi were obstructed by mucus in some cases. At the Hôtel Dieu Annexe, pleuritic effusions, single or double, were common. No lesions were met with in the heart or pericardium. In a few instances in which delirium had been present, the membranes of the brain were found slightly injected, as also the surface of some few cerebral convolutions; otherwise, there were no lesions of the nervous system.

These epidemics manifested themselves, as is usually the case, without any appreciable cause. It may be remarked, however, that they all three occurred during the cold months of the year. It would appear, that it is generally during the cold season that epidemics of puerperal fever manifest themselves in Paris. The fever cannot have been occasioned by unusual crowding of the patients, as, at Saint Louis, the number delivered was smaller than usual, and, at the Hôtel Dieu, not greater. A circumstance worth noticing is, that of sixty-seven women delivered in the special midwifery ward at the Hôtel Dieu Annexe, fourteen died; whereas, out of twenty-one women dispersed in the medical wards, and therein delivered, during the same interval of time, only one died. It must, however, be mentioned, that the sixty-seven females alluded to had been drafted from the Maternité, where puerperal fever existed, and where they had resided for some time. They may, therefore, have brought with them a kind of predisposition. Various

circumstances occurred during the epidemic which seem to favour the idea of contagion. Thus, at Saint Louis, for some time, all the women placed in two small rooms were attacked. A woman operated on for uterine polypus, and placed in one of the midwifery rooms, was seized two days after the operation with the same symptoms as the other women, and died. On examination, the only lesion found was the lactescent effusion into the peritoneum. The uterus, as also the veins and lymphatics, were perfectly healthy. Ancient authors—Van Swieten, for instance—consider non-lactation as a predisposing cause. Most of the women attacked during these epidemics were not suckling.

The principal means of treatment resorted to, were bleeding, general and local, mercury, administered internally and externally, the essential oil of turpentine, *ipêcacuanha*, and the tincture of aconitum. General bleeding, which was tried when the reaction was energetic, the pulse full and resisting, was not attended with beneficial results. The pulse soon fell, and extreme prostration followed. Local bleeding, by leeches applied to the parietes of the abdomen, always gave relief, but the amelioration was only momentary, the pains soon returning. Calomel was administered internally, twenty or thirty grains being given in six doses in the course of the day. It nearly always acted on the bowels, but did not occasion salivation. As, however, it was seldom possible to continue its use more than two or three days, owing to the short duration of the disease, this is not surprising. At the same time, mercurial ointment was rubbed into the thigh in some cases. In two instances, two pounds were rubbed in within the twenty-four hours without preventing a fatal termination. Turpentine was given to three patients without success. *Ipêcacuanha*, which was administered, apparently with great success, by Douchet, in an epidemic of puerperal fever at the Hôtel Dieu at the end of the last century, was also resorted to in the first stage. It appeared, in some few cases, to produce slight amelioration for a few hours, but the disease soon resumed its former intensity. In the only two cases that were saved at the Hôtel Dieu Annexe, the treatment consisted, at the onset, in antiphlogistic measures, and, subsequently, in the use of mercury, internally and externally, and in the administration of the tincture of aconitum; at first, one drachm, and afterwards two, in a four-ounce mixture during the twenty-four hours.

68. *Dimensions and Forms of the Neck and Mouth of the Uterus.* By Dr. J. BOYS DE LOURY, Principal Surgeon of St. Lazare, and Dr H. COSTILHES, former Interno at St. Louis and St. Lazare. It is extremely difficult to determine what we ought to consider as the proper dimensions of the neck and mouth of the uterus. It is generally believed, that in women who have had children, the cervix is much more bulky, and that the orifice is much more gaping. Our experience has shown us, that this rule is far from being without exceptions. We have seen women who were the mothers of several children, with the *os* small, uneven and the cervix of no greater bulk than is common in those who have never been impregnated. With respect, also, to age, there exists a difference in the dimensions of the neck: for, as exceptional cases, we meet with women in the decline of life, who have it larger than in youth. It appears, then, that it is by no means easy to lay down the dimensions of the uterus, with reference to its physiological state; and we are quite certain, that physicians sometimes consider that to be an engorgement which is only a healthy condition; and at other times, regard the neck of the uterus as being in a normal state, when, in reality, it is engorged.

The smallest cervix which we have seen had, at the base, for its greatest or transverse diameter, $1\frac{1}{2}$ centimetre, and for its antero-posterior diameter, 1 centimetre. The cervix of greatest size, free from engorgement, is always at least 3 centimetres in breadth, with an antero-posterior diameter of 2 centimetres. This difference between these diameters gives an *oval* form to the neck; so we hold, that when the antero-posterior diameter is augmented, there exists engorgement. For example, if the transverse diameter be 2 centimetres, and the antero-posterior diameter have the same dimensions, we conclude that the neck is engorged; and if, in such a case, the *os tincæ* be examined, it will be found that it is not in the centre, from one of the lips being more swollen than the other. In engorgements following abortions, we have found the transverse diameter of the cervix so great as from 4 to 5 centimetres. In the healthy state, the neck usually presents the form of the segment of an ovoid, and sometimes, though rarely, a conical shape: